F21000002962

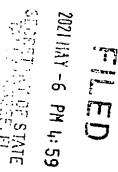
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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05/06/21--01022--032 **87.50



COVER LETTER

	stration Section sion of Corporatio	ns		
SUBJECT:	ATISpace Inc.			
30202011		Name of corporatio	n - must include suffix	
Dear Sir or M	fadam:			
"Certificate of	f Existence," or "		Authorization to Transac nding" and check are subress in Florida.	
Please return	all correspondence	e concerning this matte	r to the following:	
Minh Dao				
		Name of	Person	
ATISpace Inc				
		Firm/Cor	npany	
606 3rd Aven	ue West Unit - 1-2	29		
		Add	ress	
Bradenton, FL	. 34205			
		City/State	and Zip code	
minh.dao@ati	space.com			_
	E-m	ail address: (to be used	for future annual report no	otification)
For further in	formation concer	ning this matter, please	call:	
Minh Dao		at (308-3000	
Nam	e of Person	Area Coo	de Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING AI Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	ing Fee 🔲 🖇	ORIDA DEPARTMEN	F OF STATE □ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

ATISpace Inc				_
	orporation; must include "INCORPORATED, orp," "Inc." "Co," or "Corp.")	," "COMPANY," "CORPORATION	٧,"	
Ascend Through	Innovation Inc.			
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transactir	ng business in Florida))
Delaware	3	26-4475564		
	y under the law of which it is incorporated)	(FEI number, if applicable)		
•		Perpetual		
(Date	of incorporation) 5.	(Date of duration, if other	than perpetual)	
ό <u>_</u>				_
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liabili	ity)	
606 3rd Avenue V	West Unit - 1-229, Bradenton FL 24305			
	(Principal off	ice street address)		_
25019 Johnson F	arm Road, Laytonsville MD 20882			
	(Current maili	ng address, if different)	20 5	-
8. Name and stree	et address of Florida registered agent: (P.G. Registered Agents Inc.	O. Box NOT acceptable)	2021 MAY -6 1 SECRETARY	
Office Address:	7901 4th St N STE 300			
	St. Petersburg	Florida 33702	Y OF STATE	
	(City)	(Zip code)	1.1	
designated in this further agree to c	ed as registered agent and to accept serve application, I hereby accept the appoint comply with the provisions of all statutes to with and accept the obligations of my po	ment as registered agent and agro relative to the proper and comple	ee to act in this cap te performance of n	acity. I
0 Attached is a c	certificate of existence duly authenticated.	, not more than 90 days prior to de	elivery of this applic	ation to

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS				
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address: 606 3rd Avenue West	□Vice Chairman	Address:	
□Director	Unit 1-229	□Director		·
President	Bradenton, FL 34205	□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		Other
□ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
Director		□Director		
□President		□President		
		□Vice President	, , 	
□Secretary	☐Treasurer	☐ Secretary		□Treasurer
Other		Other		Other
□Chairman	Name:	□Chairman	Name:	
	Address:			
Director		Director		
President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other	□Other	Other	 -	Other
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department	nt of State Annual Re	port form.	,
12	Signature of Director of	·		
	Signature of Director of	Officer		
	ctor signing this document (and who is listed in number alse information submitted in a document to the Departr			
13	MINH DAO - PRESIDA (Typed or printed name and capacity of person	ENTÉCEC	<u> </u>	
	(13 ped of printed name and capacity of person	u signing application	,	

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "ATISPACE INC" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-SIXTH DAY OF MARCH, A.D. 2009, AT 9:53 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN

QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY

CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATISPACE INC"
WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Authentication: 202955491

Date: 04-13-21



State of Belaware

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903

9939241 ATISPACE INC 25019 JOHNSON FARM DRIVE LAYTONSVILLE, MD 20882 04-13-2021

ATTN: MINH D.	A	o
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DESCRIPTION		AMOUNT
1669627 - ATISPACE INC		
Entity Status - Long Form		
	Certification Fee	\$175.00
	TOTAL CHARGES	\$175.00
	TOTAL PAYMENTS	\$175.00
	BALANCE	\$0.00